

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR C. M. S. H. E. B.

Bertha Mary Boston

CERTIFICATE OF DEATH

Died at Bear Andersontown Caroline

MARYLAND

Date of death 1907	Month Apr.	Day 4	Age 10	Years	Months 10	Days 12
Sex Female	Color or Race Beach				Birth-place Md.	

Occupation _____ Where Residing if not
at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Ella Martin Boston

Father's Birthplace

Ind

Mother's Maiden Name

Tressie May James

Mother's Birthplace

Ind

Name of person giving Information

Ella M. Boston

How related to deceased

Father

CAUSES OF DEATH

Primary

Typhoid fever

How long

Three weeks

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

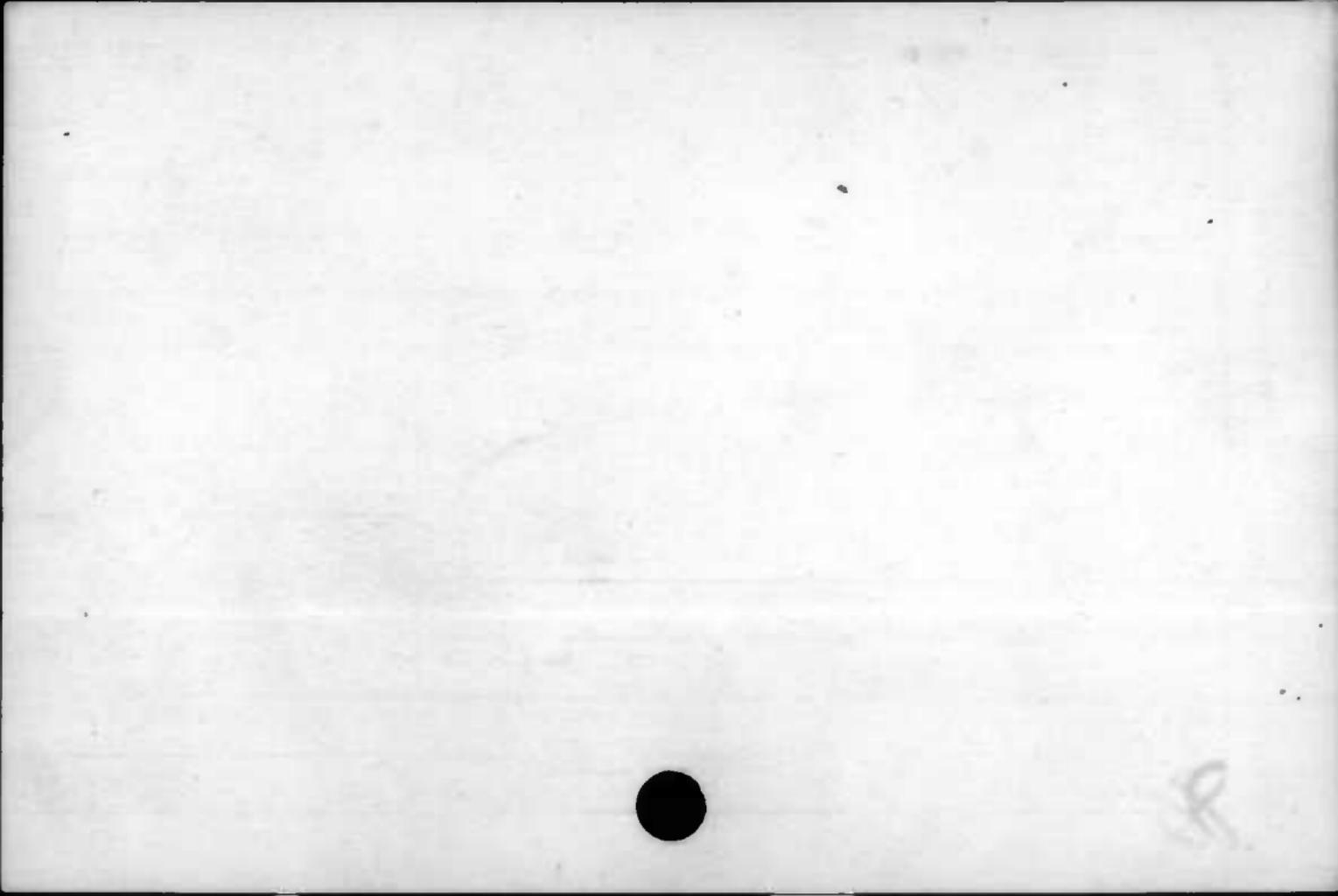
Address

Jas. F. Ward.

Andersontown

Md.

Accident or Suicide?



Name
in
Full

Wells church.

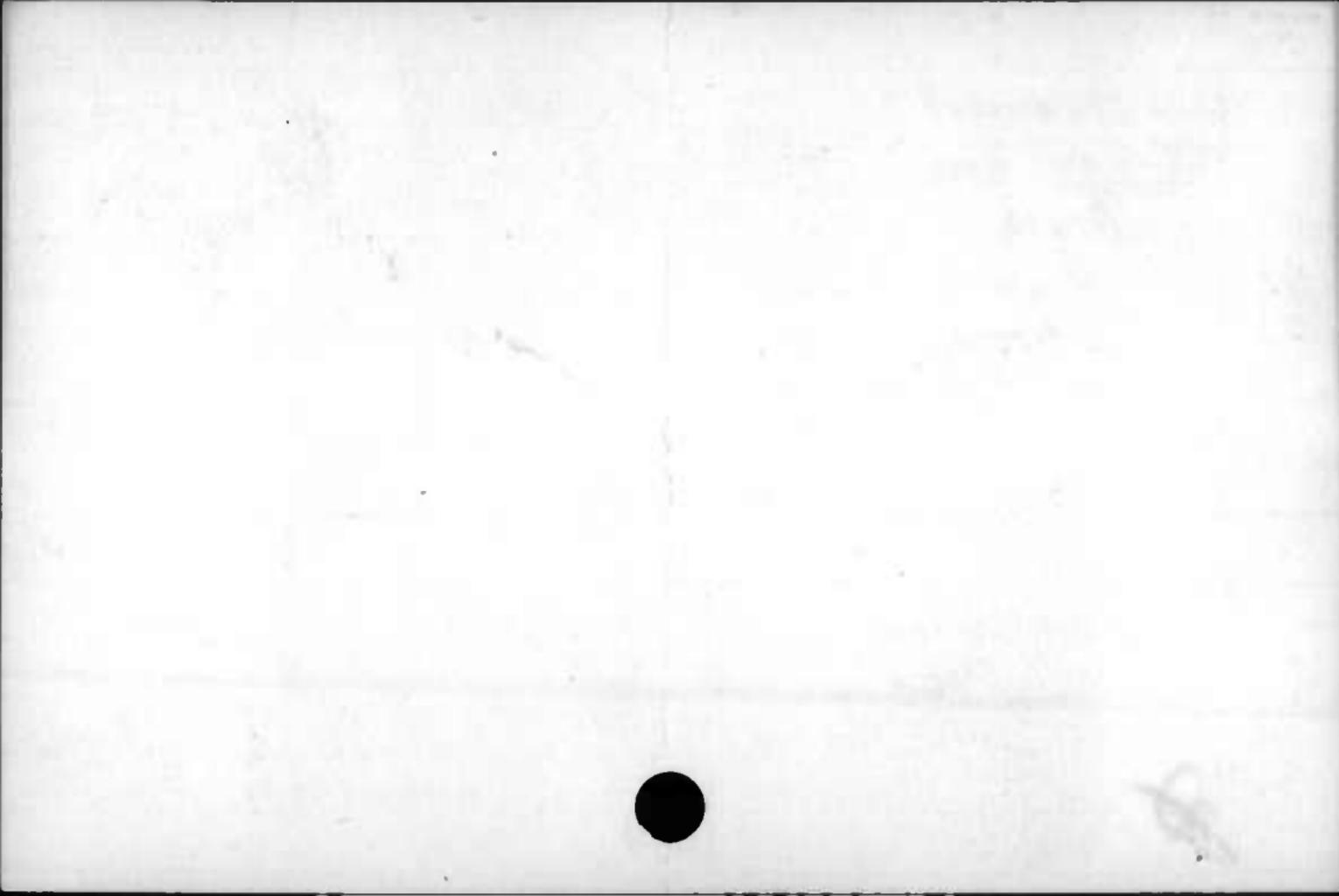
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month 4	Day 14	Age 72	Years	Months 9
Sex male	Color or Race white	Birth-place	Hagerstown		
Occupation Retired Farmer.	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband	Mary Elizabeth Berlin.			
Father's Name Wm. Church	Father's Birthplace				
Mother's Maiden Name Eva Church.	Mother's Birthplace				
Name of person giving Information Dr. F. Gallaway	How related to deceased Physician				

CAUSES OF DEATH

Primary Nephritis	120	How long 25 yrs.
Immediate Edema Brain		How long 5 days.
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Dr. F. Gallaway	Address
J	Dr. F. Gallaway Finksburg, Md.	
Accident or Suicide?		



Name
In
Full

James E. Coker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	60
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Amanda Coker	
Father's Name	James Coker			
Mother's Maiden Name	Adeline Galaway			
Name of person giving information	James H. Coker			

CAUSES OF DEATH

Primary	Disease of the Heart		How long one year	
Immediate	Anæmia			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long 3 months	
They are as far as known		Address		
Accident or Suicide?		No		

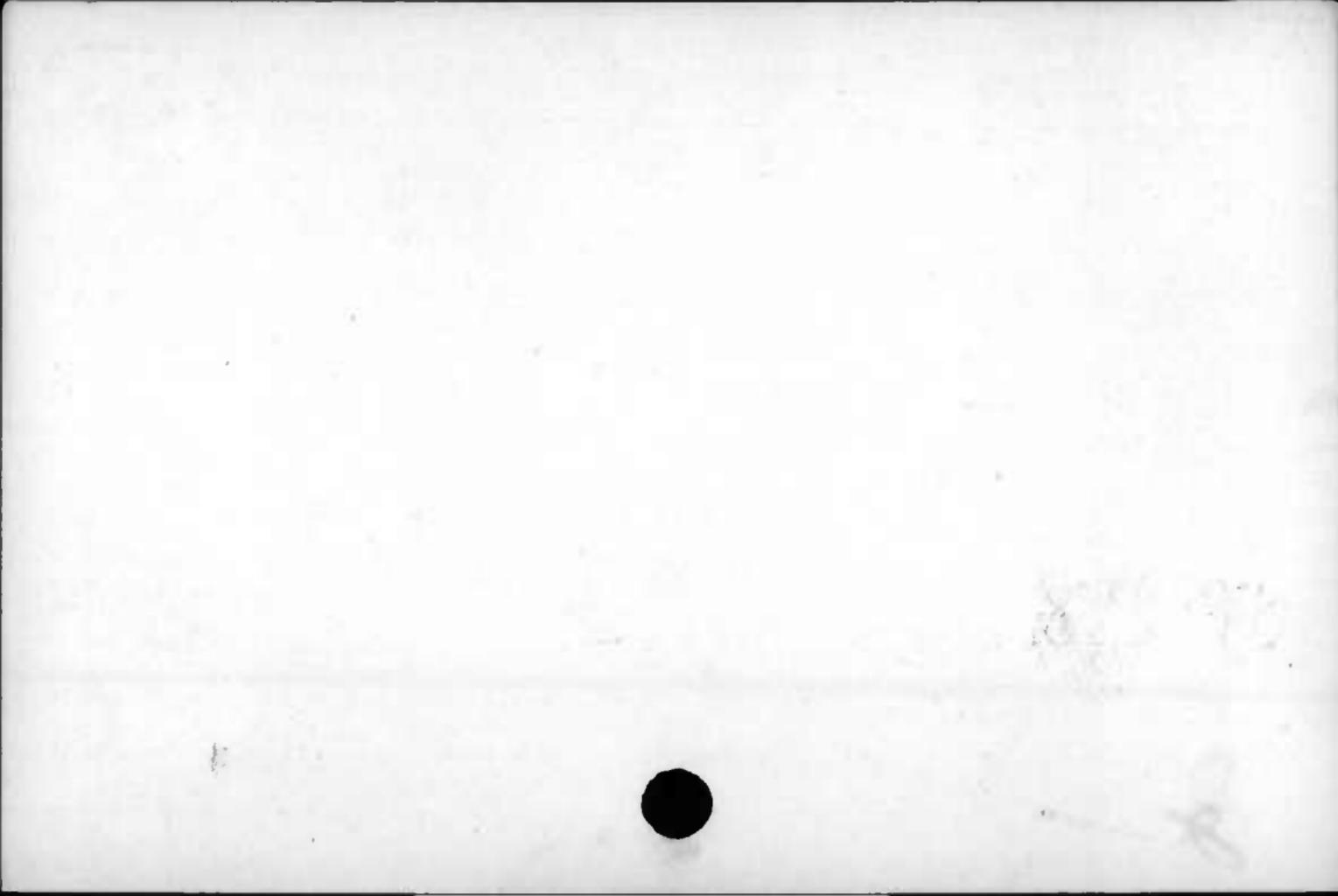
79

one year

3 months

Chas. H. Rough, Jr.

Corona. Md.



Name
in
Full

Effie Cooper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
Mother's Maiden Name	Billmeyer Stockdale	Joseph L Cooper	Delaware		
Name of person giving Information	Billmeyer Cooper	Mother	Mother's Birthplace		
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

6 mo.

Immediate

Exhaustion

How long

4 weeks

Are the name, age, sex, color, date and place correctly given above?

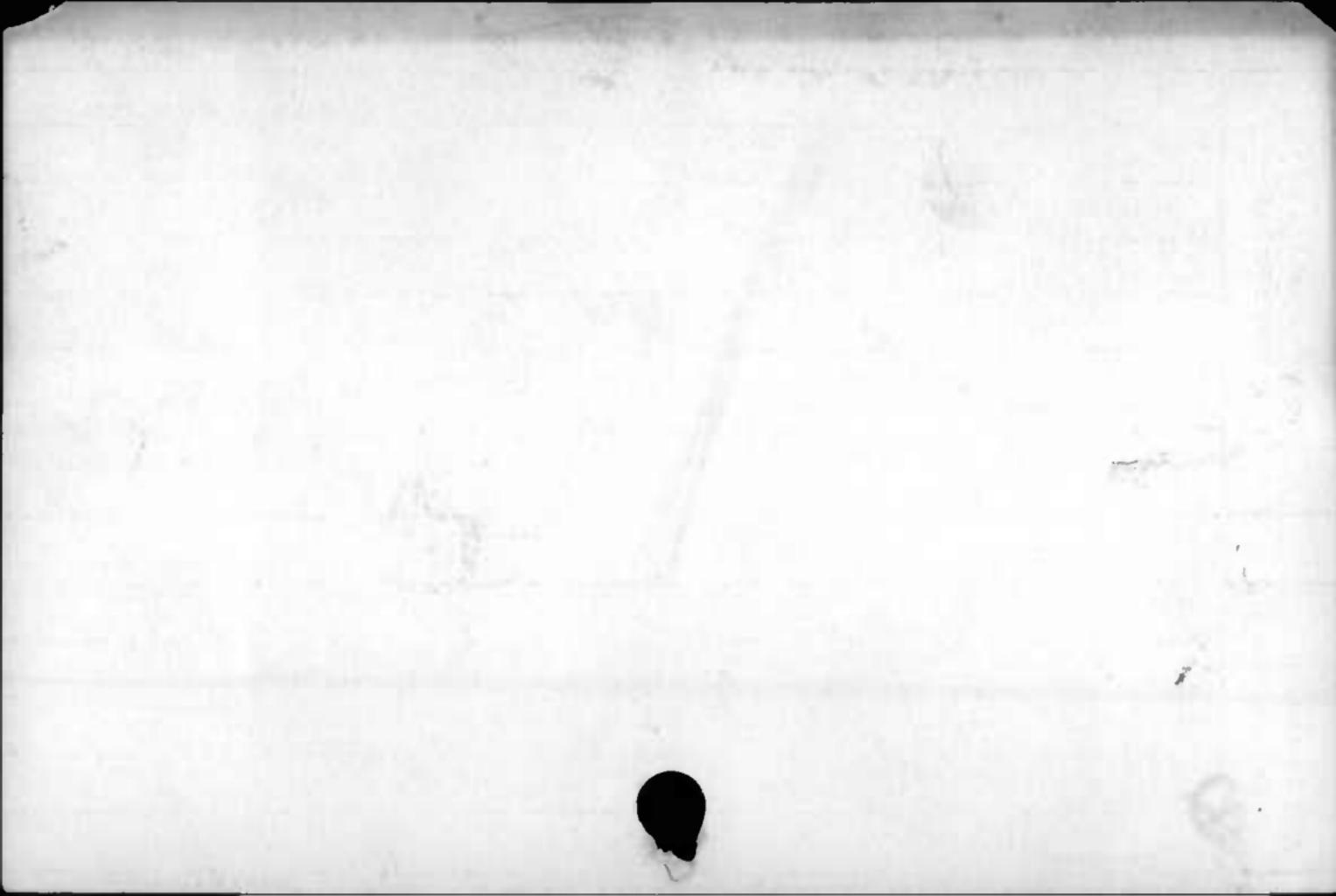
Yes

Signature of Physician

Address

Selma Goldsboro

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Eurodome</u>		Town	<u>Bolldboro.</u>		County	CERTIFICATE OF DEATH		
Date of death <u>1907</u>	Month <u>April</u>	Day <u>26</u>	Age <u>7</u>	Years	Months	Days	MARYLAND	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>x Touleson</u>						
Occupation <u>Nor</u>	Where Residing if not at place of death <u>Touleson</u>							
Married, Single or Widowed <u>single</u>	Name of Wife or Husband							
Father's Name <u>x W J Goldsboro</u>			Father's Birthplace <u>Barclay</u>					
Mother's Maiden Name <u>S L Goldsboro</u>	Revining		Mother's Birthplace <u>Annie S C S.</u>					
Name of person giving information <u>x G J Fields</u>			How related to deceased <u>None</u>					
CAUSES OF DEATH								
Primary	<u>Tuberculosis</u>							
Immediate	<u>Exhaustion</u>							
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
Yes				Address				

(27)

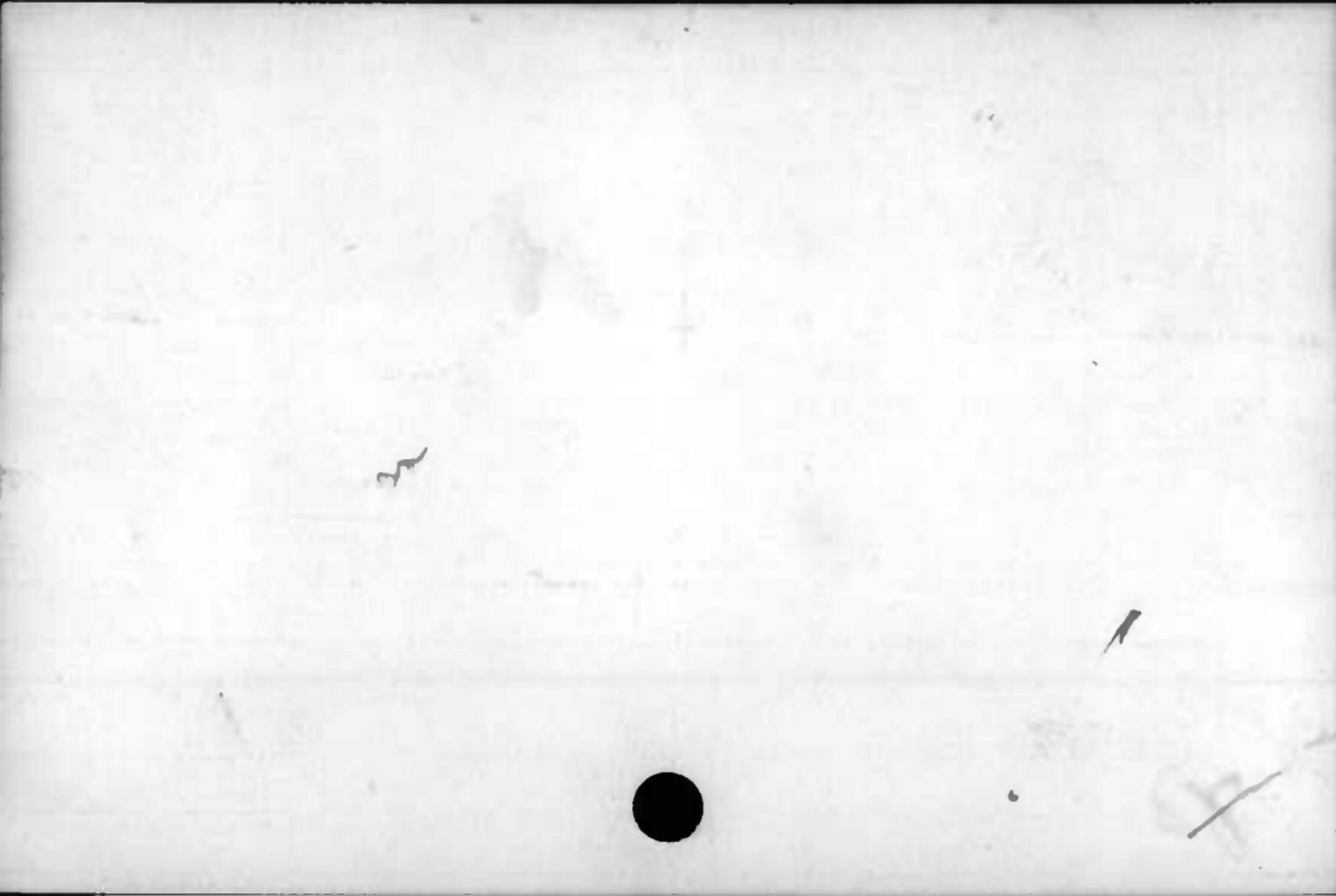
How long

How long

8

Yes

Accident or Suicide?



Name
in
Full

Leuora Klime -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Hebrean -	Birth-place	Md.	
Occupation	Where Residing if not at place of death			-	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	David Klime.			Father's Birthplace	Russia.
Mother's Maiden Name	Annie Howard			Mother's Birthplace	Russia.
Name of person giving information	David Klime.			How related to deceased	Father.

CAUSES OF DEATH

10

How long

3 weeks.

How long

Primary Gripe-Pneumonia-Septicemia

Immediate Exhaustion -

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

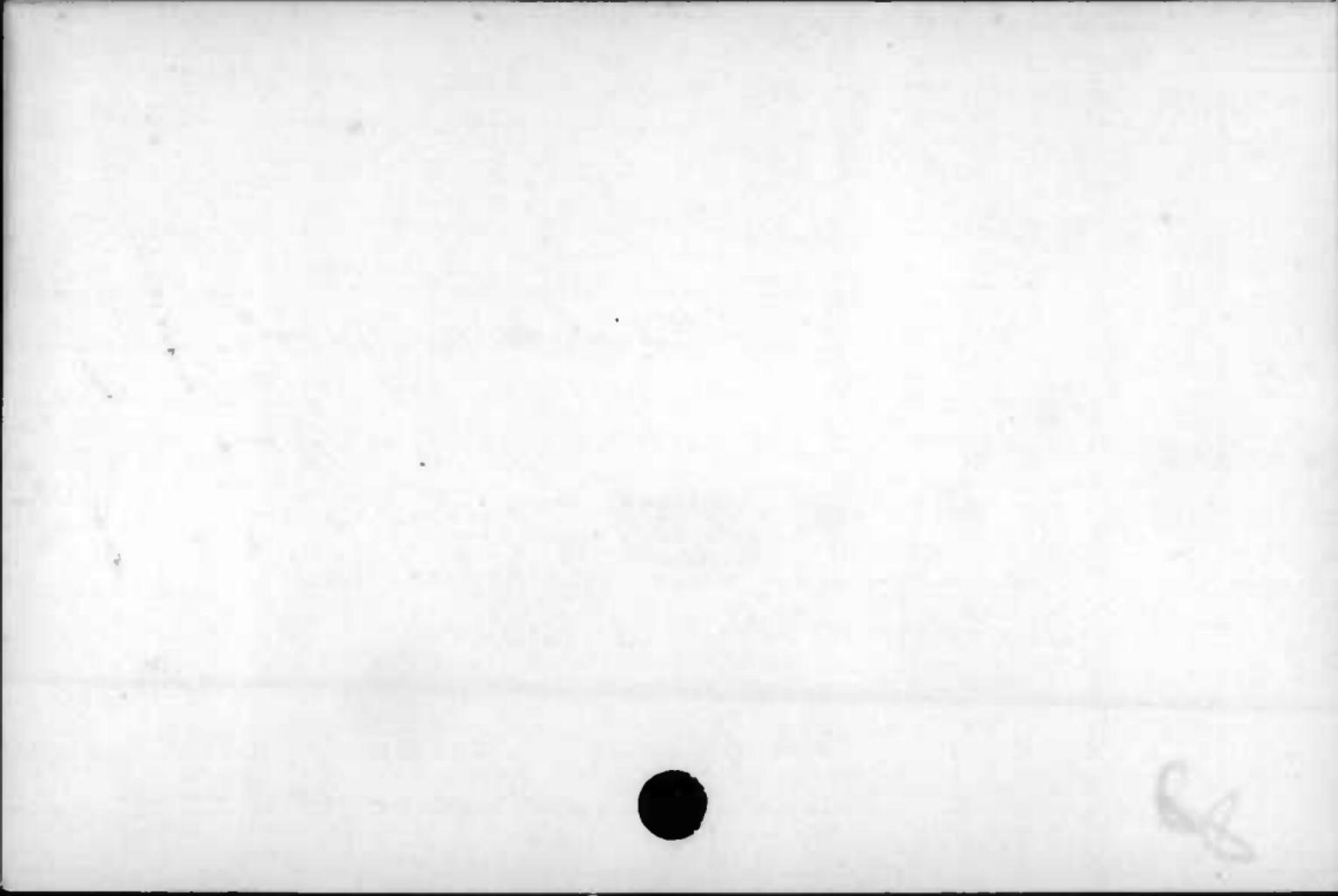
J. J. Stone.

Ridgely

Md.

Accident or Suicide?

No



Name
in
Full

Robt. T. Nichols

CERTIFICATE OF DEATH

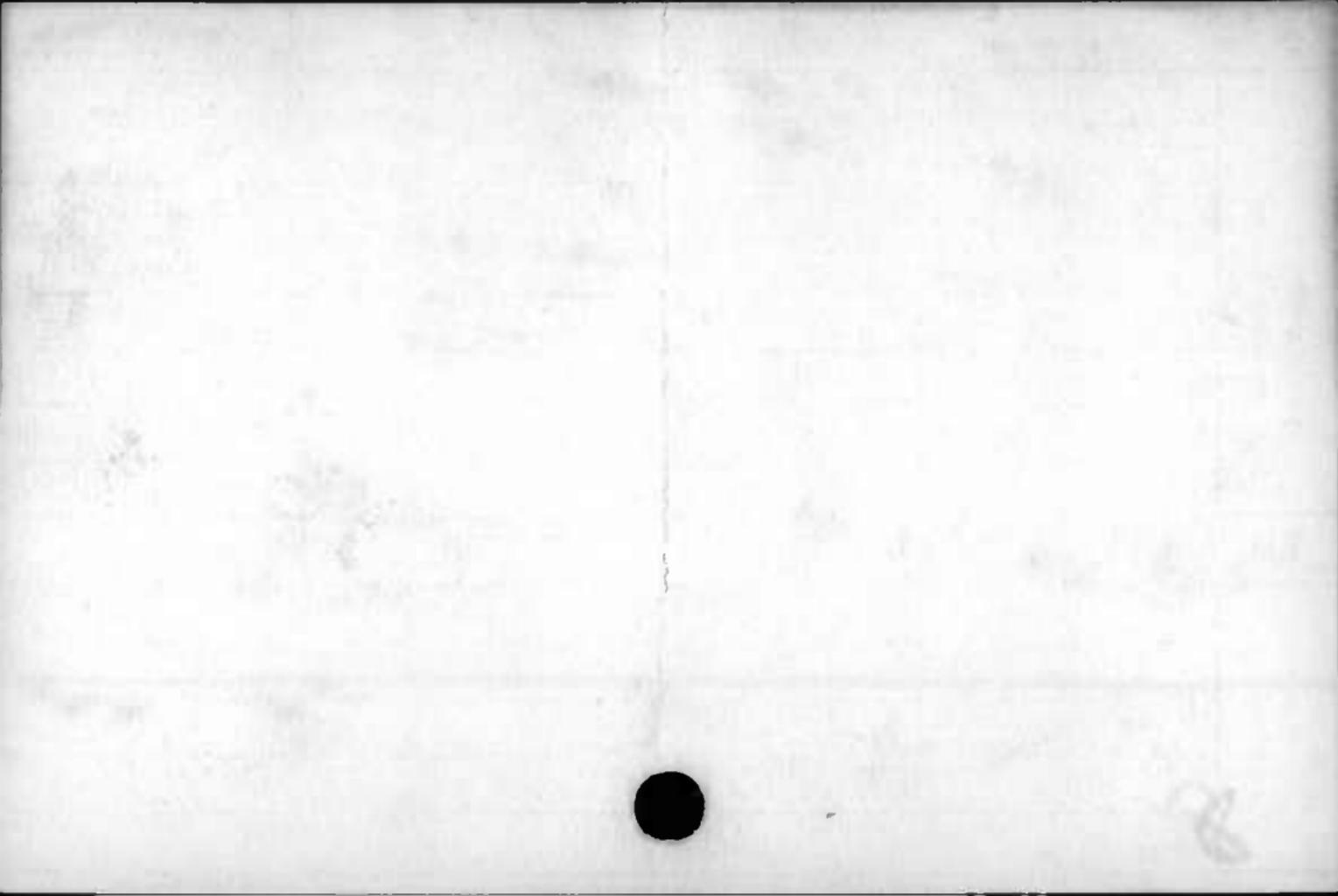
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month 4	Day 3	Years 70	Months -	Days -
Sex	Male	Color or Race	White	Birth-place	Caroline Co	
Occupation	Farmer.		Where Residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	Julia Wagon	Father's Birthplace	—	
Father's Name	B. Nichols		—	Mother's Birthplace	—	
Mother's Maiden Name	—		—	How related to deceased	—	
Name of person giving information	Butler Nichols		68	How long	3 yrs or more	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dementia	
Immediate	Ex dementia	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
8	Mr.	Gen. S. Galloway Frederick C. Caroline Co. Md.
Accident or Suicide?		



Name
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Full

Sarah E. Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bethlehem	Caroline		Months	Days	
Date of death	Month	Day	Years		
1907	4	18	Age	81	
Sex	Female	Color or Race	Caucasian		
Occupation	Do not know		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	James L. Payne		
Father's Name	Do not know		Father's Birthplace	Bethlehem	
Mother's Maiden Name	Do not know		Mother's Birthplace	Do not know	
Name of person giving information	J. R. Phillips		How related to deceased	Former Physician	

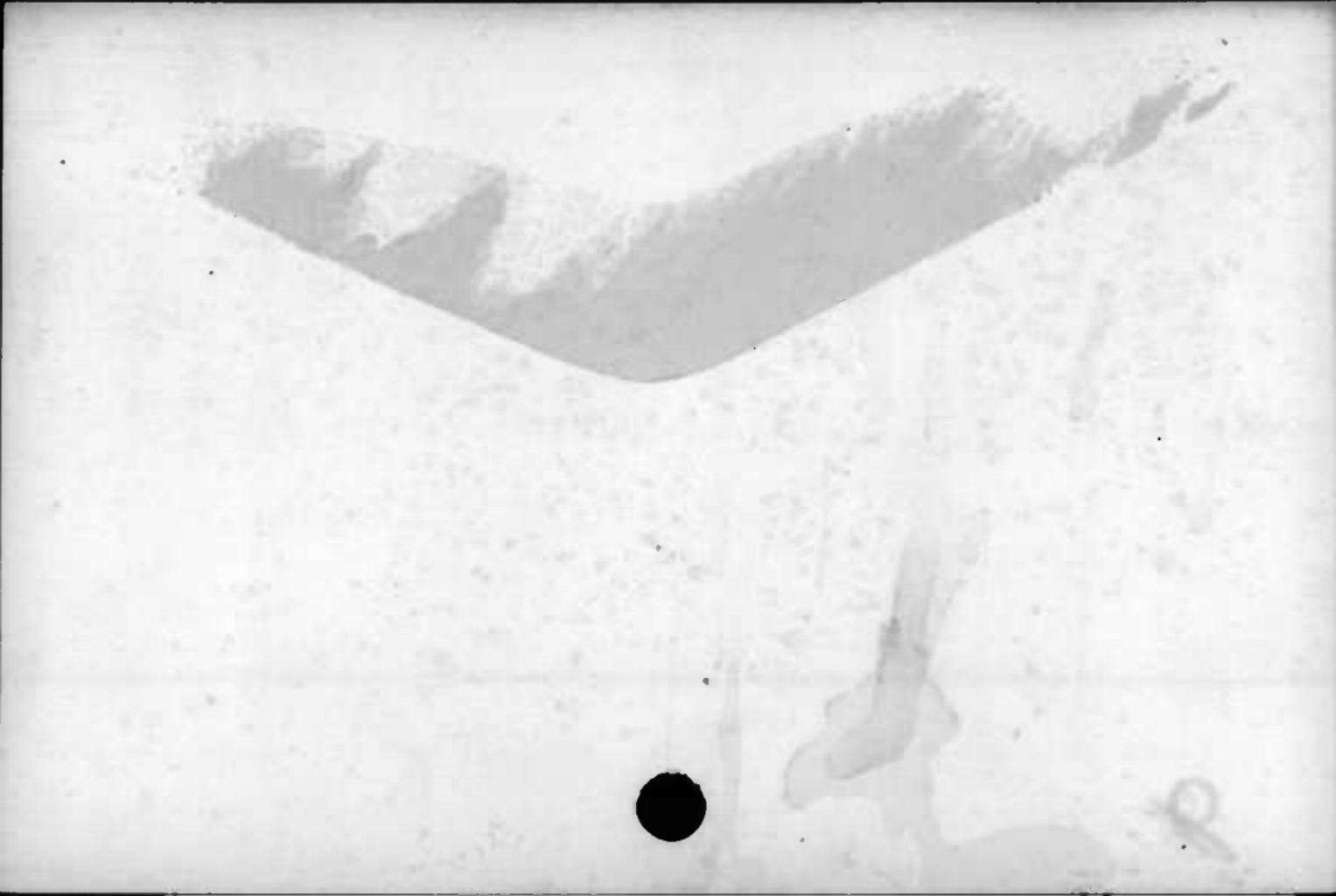
CAUSES OF DEATH

64

Primary	Brain Hemorrhage + softening	How long	Since
Immediate	Do not know	How long	Since Dec. 30 th 1904

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. R. Phillips M.D.
Address	Preston Md		
Accident or Suicide?	—		



Name
in
Full

Chas Pinsky

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birthplace
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Mary Ellen Pinsky	
Father's Name	—	Wilson	Father's Birthplace Nutzman
Mother's Maiden Name	—	Pinsky	Mother's Birthplace Talbot Co.
Name of person giving Information	Mary Ellen Pinsky		

CAUSES OF DEATH

64

How long

5 hours.

How long

PHYSICIAN
OR CORONER

Primary

Abscission (Embalmed)

Immediate

Central Compression

Are the name, age, sex, color, date and place correctly given above?

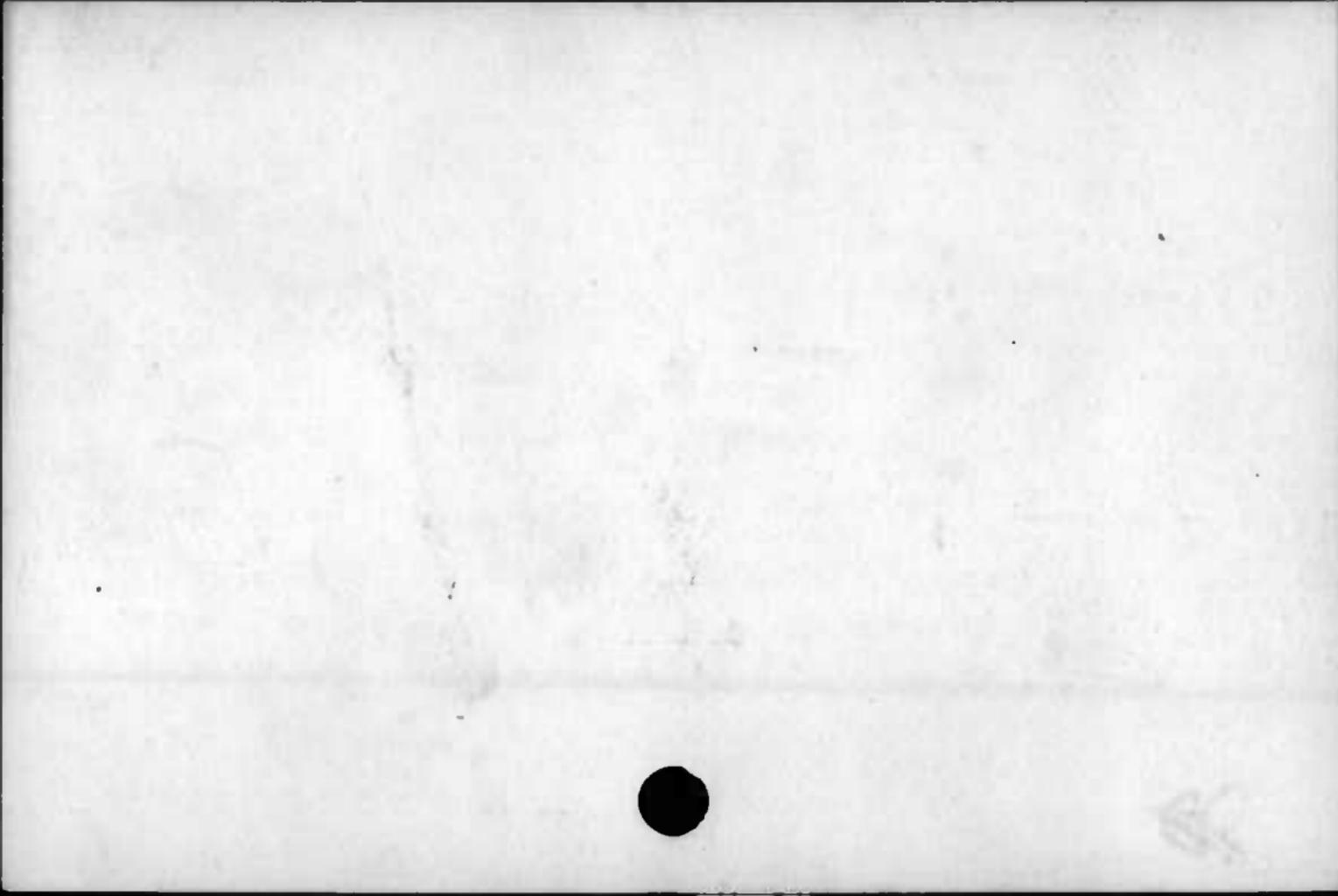
Yes

Signature of Physician

Address

H. B. Row, M.D.,
Hillsboro

Accident or Suicide?



Name
in
Full

Mariah Pritchett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town	County		
Her Hillboro		Coroline			
Date of death	Month	Day	Years	Months	Days
1907	7	27	45	—	—
Sex	Color or Race		Birth-place		
Female	Colored		Laurel Amico Md.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Philip Pritchett		
MARRIED	Philip		Father's Name	Md.	
Father's Name	Perry Stewart		Father's Birthplace	Md.	
Mother's Maiden Name	Sarah Coker		Mother's Birthplace	Md.	
Name of person giving information	Philip Pritchett		How related to deceased	Husband	

PHYSICIAN
OR CORONER

Primary

(64) was ~~born~~ about three years ago
Atherosoma of blood vessels ~~since she~~
apoplectic cerebral ~~hours~~

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

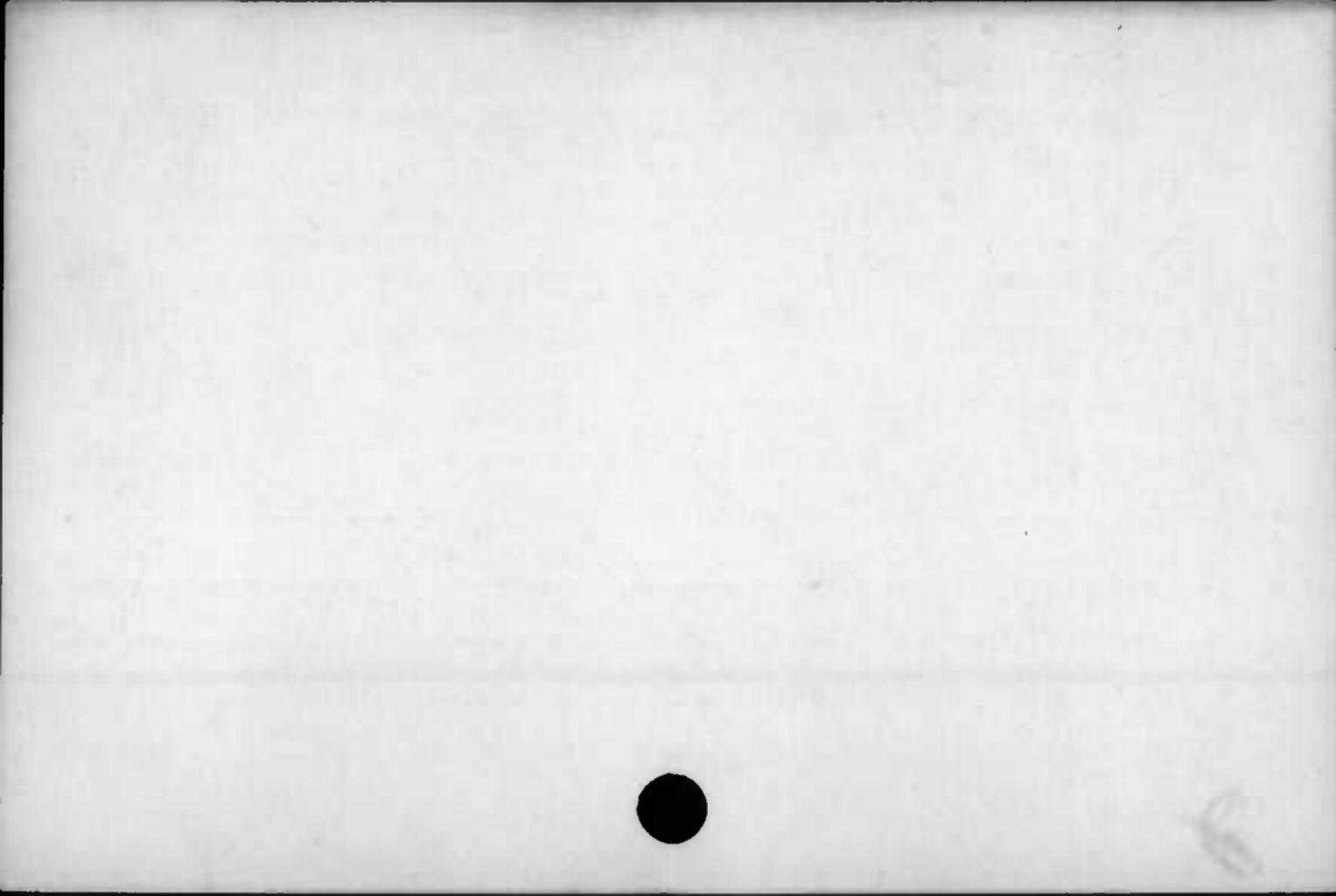
Address

Bobby Hock Md.
Queen Anne
Md.



Accident or Suicide?

No —



Name
in
Full

Seldon Sharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Bethesda</u>		Town	<u>Caroline</u>		County		
Date of death	1907	Month	4	Day	29	Years	45
Sex	male	Color or Race	Black		Birth-place	Maryland	
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Hannah Sharp		Father's Birthplace	Maryland	
Father's Name	Willoughby Sharp				Mother's Birthplace	Maryland	
Mother's Maiden Name	Mary Spud Fletcher				How related to deceased	Brother	
Name of person giving Information	Wallace H. Sharp				How long	4 years	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral hemorrhage

64

How long

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

yes

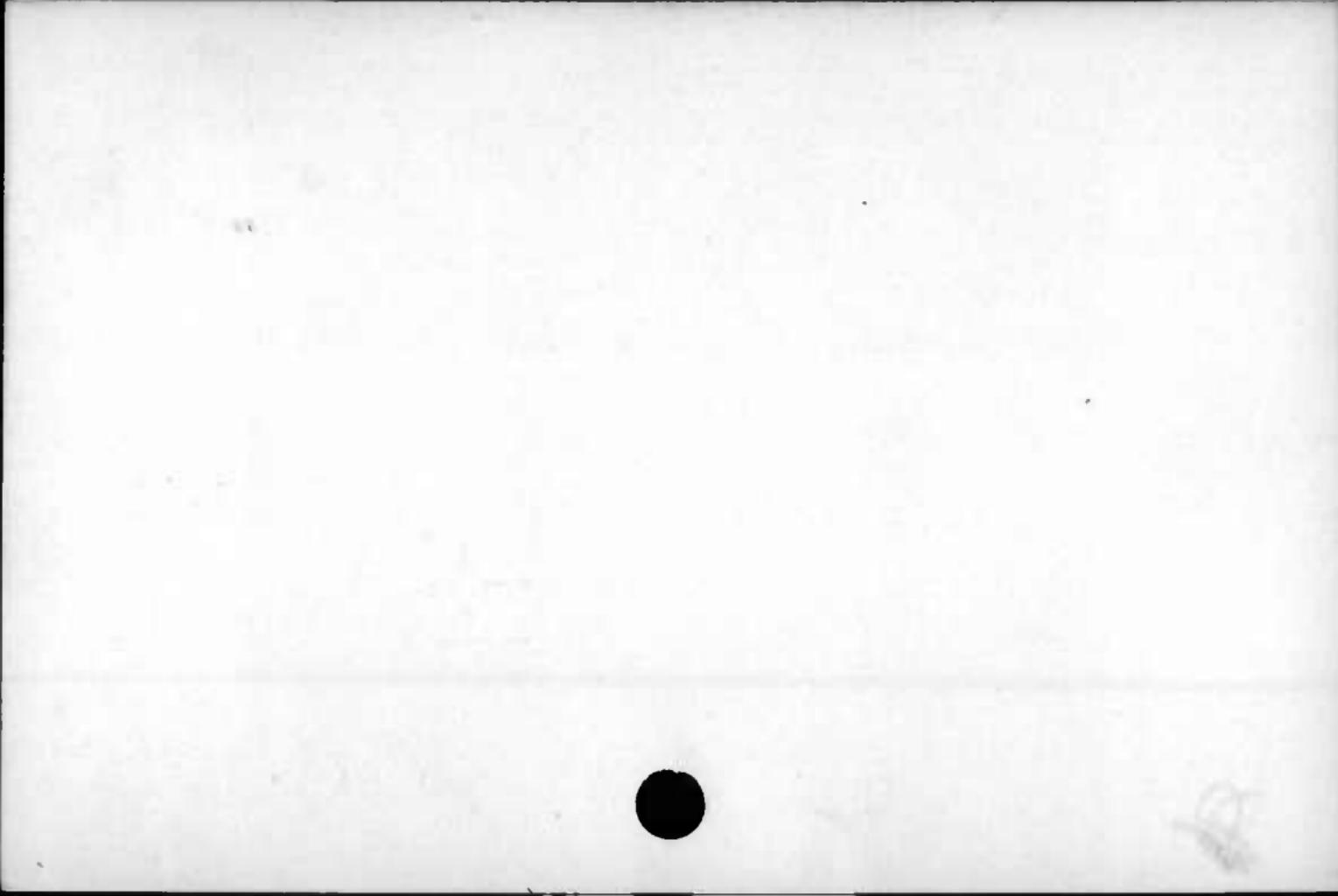
Signature of Physician

Address

J. L. Hobler
Preston
Md.

Accident or Suicide?





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Huxley Sheppard						CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND				
Date of death	Month	Years	Age	Months	Days		
Sex	Color or Race	Birth-place					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Bertha Friend					
Father's Name	John Sheppard						Father's Birthplace
Mother's Maiden Name	Milly Thompson						Mother's Birthplace
Name of person giving Information	John Sheppard						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lung Abscess

(99)

How long

6 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

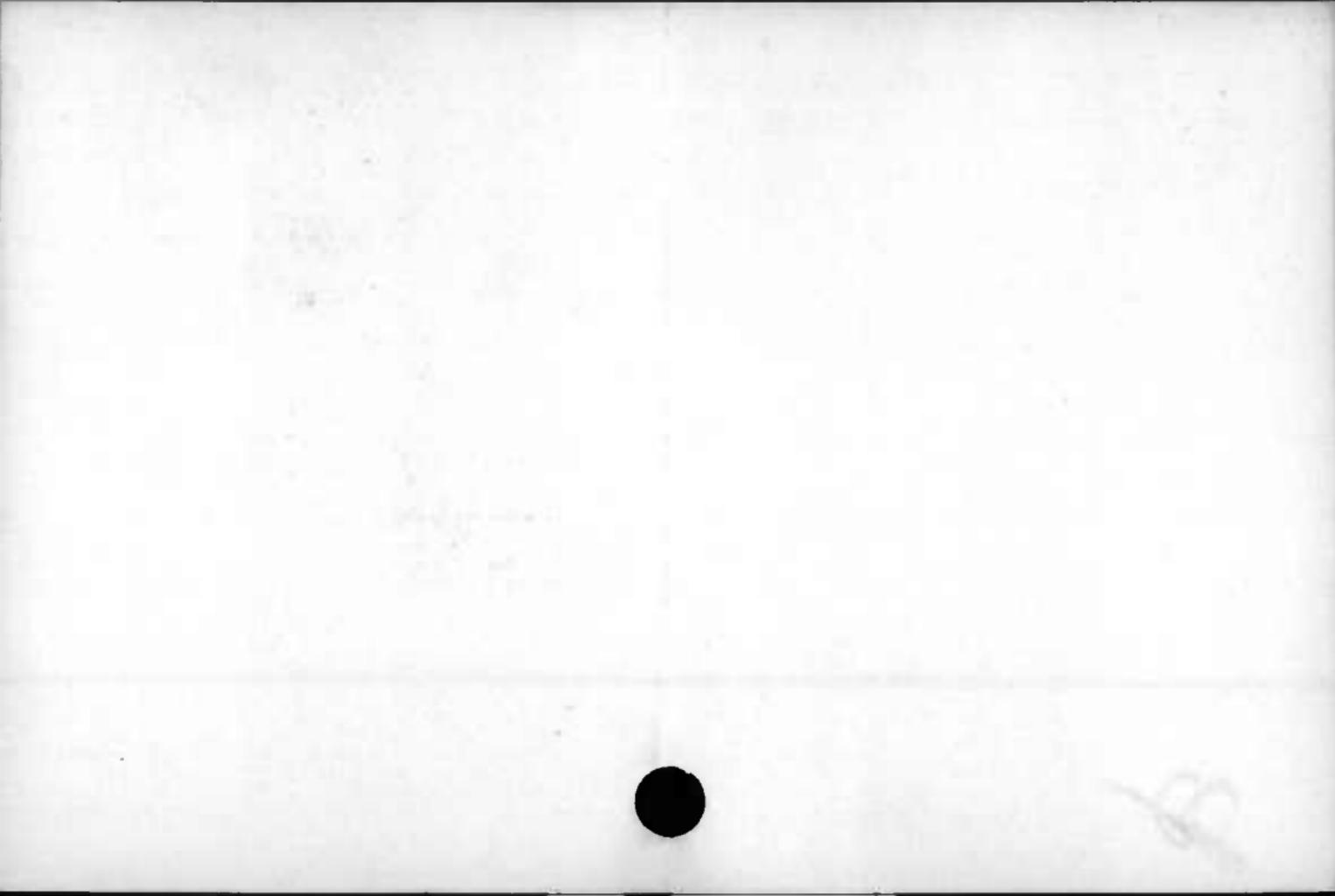
yes

Signature of Physician

Address

R R Jefferson
Federalsburg
md

Accident or Suicide?



Name
in
Full

Ruth B. Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	1907	Month 4	Day 26	Age 8	Years	Months 4 Days 20
Sex	Female	Color or Race	white	Birth-place	Hillsboro	
Occupation	School	Where Residing if not at place of death				
Married, Single or Widowed	Sayre	Name of Wife or Husband				
Father's Name	Harry M. Thompson	Father's Birthplace def.				
Mother's Maiden Name	Clara Flowers	Mother's Birthplace Md.				
Name of person giving Information	Harry Thompson	How related to deceased father.				

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Intussusception

How long

8 days

Immediate Exhaustion

How long

-

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

8

H. B. Row, M.D.

Hillsboro, Me

Accident or Suicide?

